



DEPARTMENT OF SOCIAL AND HEALTH SERVICES
CHILDREN'S ADMINISTRATION
FAMILY HOME STUDY

FAMILY NAME:	
ADDRESS (STREET ADDRESS, CITY, STATE, ZIP CODE):	
DAYTIME TELEPHONE NUMBER:	EVENING TELEPHONE NUMBER:
DATES OF CONTACTS:	
REASON FOR APPLYING:	
A. BACKGROUND OF APPLICANT(S)	

FAMILY FACTS:

EDUCATION:

EMPLOYMENT HISTORY, OCCUPATION, AND WORK SCHEDULE:

CULTURE:

B. RELATIONSHIPS

SPOUSE/PARTNER:

CHILDREN:

OTHER:

C. PARENTING & EXPERIENCE WITH CHILDREN

DISCIPLINE:

EXPERIENCE AND TRAINING:

ATTITUDES ON PARENTING:

FAMILY ROLES/ACTIVITIES:

D. RELIGIOUS/SPIRITUAL AFFILIATION & PRACTICES

E. MEDICAL/PSYCHOSOCIAL

GENERAL MEDICAL:

ABUSE HISTORY:

DOMESTIC VIOLENCE:

DRUG/ALCOHOL:

MENTAL HEALTH/COUNSELING:

F. HOME & NEIGHBORHOOD

G. SUPPORT SYSTEM

H. FAMILY FINANCIAL

I. POTENTIAL FOR PERMANENCY

J. CHILD PREFERENCE AND COMPETENCY TO MEET THE CHILD'S NEEDS

K. APPLICANTS WITH PRIOR RELATIONSHIP TO THE CHILD(REN)

L. ADOPTION

- 1. Concept of adoption as a lifelong developmental process and commitment.**
- 2. The potential for the child to have feelings of identity, confusion and loss regarding separation from the birth parents.**
- 3. Disclosure of the fact of adoption to the child.**
- 4. The child's possible questions about birth parents and relatives.**
- 5. The relevance of the child's racial, ethnic, and cultural heritage.**

M. SUPPORTING DOCUMENTATION

REFERENCES:

CRIMINAL HISTORY & CAMIS CHECK:

ADDITIONAL INFORMATION:

N. EVALUATION

O. RECOMMENDATION

The recommendation of this Family Home Study is made based upon the information provided at the time of the Family Home Study. Additional information not known to the social worker may change the recommendation.

The recommendation of this Family Home Study by _____ Social Worker III, is based on the facts and information provided to the social worker by the prospective foster family, adoptive family or relative care giver and their references during the home study process. The home study may be updated and the recommendation may change if the family's circumstances change or if additional facts become available.

THIS REPORT WAS COMPLETED ON:

NAME OF SOCIAL WORKER:

DIVISION/PRIVATE AGENCY:

SOCIAL WORKER'S SIGNATURE

NAME OF SUPERVISOR/MANAGER APPROVED BY:

SIGNATURE OF SUPERVISOR/MANAGER

DATE:

STATEMENT OF QUALIFICATIONS AND VERIFICATION OF ISSUES DISCUSSED

I, _____, make the following declaration:	
QUALIFICATIONS STATEMENT	
<p>I am the author of this report, know the contents thereof, and believe the statements included therein to be true. The recommendation is made based on the information available to me at the time of the home study. Additional information may change my recommendation.</p> <p>I discussed the following material with _____</p> <ul style="list-style-type: none"> a. The concept of adoption as a lifelong developmental process and commitment; b. The potential for the child to have feelings of identity confusion and loss regarding separation from the birth parents; c. Disclosure of the fact of adoption to the child; d. The child's possible questions about birth parents and relatives; and e. The relevance of the child's racial, ethnic and cultural heritage. <p>Written information regarding the Department's adoption related services has been provided to _____</p> <p><input type="checkbox"/> Adoption Support <input type="checkbox"/> Adoption non-recurring costs <input type="checkbox"/> Other:</p> <p>I am an employee of the Department of Social and Health Services as a Social Worker III, assigned to provide adoption services including completion of Pre-Placement Reports.</p> <p>This report was completed on _____.</p> <p>I declare under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct. Signed on _____ at _____, Washington.</p>	
NAME OF SOCIAL WORKER	
SIGNATURE OF SOCIAL WORKER	DATE